

## UNITY OF THE MEDICAL PROFESSION.\*

By EDWARD ULRICH, M. D., San Jose.

IF WE should claim that unity means a oneness of opinion in the practice of medicine, or a conformity to one method of treatment, or to a sameness in the application of medical means to restore the abnormal conditions of the human body, then I feel sure that we shall never see the day when such a unity has come to bless the medical brotherhood, for things would have to happen to bring about such a condition of thought and action, which are beyond our present comprehension.

But if we mean by unity of the medical profession, the manifestation of a desire to agree to disagree on a great many points, and to allow each other free scope of individual thought, and to use and to apply to the best of our knowledge and ability, gained by a thorough medical education and experience, that is, thus to use and to apply the means we possess to cure the diseased and to alleviate human suffering, then there is a very fair possibility that even some of us gray-headed ones may live to see the day and a condition of affairs among medical men which call to our mind the words of the sweet singer of Israel when he says: "How good and how pleasant it is for brethren to dwell together in unity." Or to make it a little more practical so as to apply to the case in hand: How good and what a blessing it is, both to themselves and to the sick ones, that the medical men have joined hearts and hands in these endeavors to meet the responsibilities and fulfill the mission of their grand calling.

When that day has come, some wonderful changes in the hearts and minds of the practitioners of medicine will have taken place, for thereafter they will be known as physicians only, because their former names will have died, and will have been buried by common consent, and on the tombstone we shall read the following inscription: "Dead and buried, and may he never see a resurrection, for he was the cause of great contention, but over his carcass noble men, men with big hearts, men interested in the well-being of the human family, have joined hands and have become a noble brotherhood, bearing the name, *Physicians*."

A great and glorious law shall govern them in their relations to each other, and in the treatment of each other, the law of *honest, sincere* endeavor to assist one another to accomplish the end of their great calling.

I have no prophetic gifts, but tonight I wish I had, also the power to roll aside the mist hanging over the coming fifty years, so that I could see and proclaim unto you the facts of this event and to tell just how and when it is to be accomplished. But I have a right to form and express an opinion based upon my experience of the past and by my observation of present conditions and indications, and they lead me to think that the fulfillment of this event is near, and, like the morning star, rising on the horizon.

Allow me to give you a few reasons for my views.

Great changes have taken place, and that for the better, thank God, in the different medical institutions. Greater are the demands for a higher standard of scholarly attainments of medical students to matriculate. Greater efforts are made by all such institutions to more thoroughly educate and train students in the art of healing. In looking over the catalogues sent to me by the different medical institutions, I find that the courses of studies are not only far better than formerly, but that they are more of a sameness than ever before. I look at and think with reverence and appreciation of the achievement in the field of medicine and surgery wrought by the grand men of the old school, and I am glad and thankful that their knowledge, experience and writing have become the common property of all the schools of medicine of the present time.

Their works on Anatomy, Physiology, Surgery, Bacteriology, Sanitary Science, Diagnosis and so on, are

not only found on the shelves of every medical library and in the hands of every aggressive physician, no matter what the name of his Alma Mater may be, but they are the text-books in all the medical colleges. Thus the students of medicine are sitting today at the feet of the same masters, and their courses of study and instruction are so nearly alike that I think that I have a reason to believe that men thus trained in medical science will, after graduating from their own schools and after passing the State examination, be fully satisfied that they are well qualified to enter the medical profession and to be trusted in their confidence and in their consultations.

This will be a great stride toward unity. We often hear the expression that the Sunday-school and the young people are the seed and hope of the church, and we have a right to look to our young graduates who are well qualified for the work, before them to be the ones to come into a closer union, to have more confidence unto each other's ability simply because they know that none but those who could and did pass college and State examinations have a right to practice medicine.

Again, we find that several of the State medical societies have laid down the bars which divided and prevented men of different medical schools and practice from meeting with each other in consultation; whereas, now they will do so with anyone who is a graduate of a college of legal standing and recognized to be a well-qualified physician. If I look back ten or fifteen years I can see a wonderful difference and change in the feelings and deportment of the medical men of the present day.

The causes of their different opinions of each other's method of treatment have been rounded and many obstacles have been removed, and men known for their ability and success in their practice are even now looked upon and honored as physicians worthy of confidence.

Thus one obstacle after another will be removed; the men of the present time begin to know each other better and to meet each other with less prejudice and more confidence, while the young graduates will be free from all such and will look upon each other as well-qualified *Physicians*, and among them Unity will become the watchword.

## ODOR HUMANE.\*

By CHARLES ANDERSON, M. D. Santa Barbara.

IT HAS long been recognized that man, in common with his fellow-creatures, has his distinctive odors; I say odors, for it seems that each race has its own distinctive odor, which is characteristic of that particular race alone. With animals of the lower order the odor is characteristic of the particular kind of animal alone. The odor is carried by the fatty component of the perspiration, the watery portion seemingly being free of smell of any kind. This follows the rule of the vegetable kingdom, the essential oils universally carrying the odor of the particular plant, while the sap that is free of oil has no odor whatever.

Dr. Burtura Adacki, a Japanese physician, has lately published a paper on the disagreeable odor that Europeans give off. He ascribes the fact that Europeans give off disagreeable odors to the fact that they are meat eaters, and he takes the ground that Japanese and Chinese are odorless because they are vegetarians. Dr. Adacki's grounds are not well taken. (1) Because the odors of the Caucasians are not due to the food they eat; and that (2) Orientals are not odorless; and that (3) a vegetarian diet does not affect the odor of a race, but as will be shown, at least one race that subsists largely on a vegetable diet has the strongest known racial odor.

With your permission I will now refer to a few well known examples, and such that can without much trouble be verified. To those of us who have lived in the south or southwest, where there are numbers of

\* Read at the banquet of the Santa Clara County Medical Society, San Jose, October, 1904.

\* Read before the Santa Barbara County Medical Society, October 12, 1904.

negroes, the smell given off by members of that race will be remembered as being characteristic, very perceptible and not altogether lovely to the olfactory organs of members of our race. This is so well known that it need not be discussed or explained. The well trained negro house servant is as cleanly, if not more so, than the average white servant; and the odor is as strong as that given off by the cotton-field "nigger."

Another race odor that has long been known and recognized as characteristic is that of the American Indian. Frontiersmen and Army officers who were formerly constantly thrown with them, ascribe the odor to the fact that they lived in smoky tepees and dressed to a great extent in buckskin and other skins. This explanation seemed plausible and was accepted as a fact. But the Indians of Arizona, the Apache, the Yuma and the Mojave, who live out of doors most of their lives, and who never dressed in buckskin, and in fact until a few years ago went mostly *au naturel*, have the identical odor of their northern brothers, the Utes, the Shoshones and the Sioux.

New arrivals on this coast, when first thrown with Chinese servants, almost without exception express great objection to the odor they find about the house and try to correct it by opening doors and windows, not recognizing the origin. After a week or two they cease to perceive the peculiar scent and imagine that they have got rid of it by ventilation, when as a matter of fact they have simply got used to it and no longer notice it. While the odor of the Oriental is not so decided as that of either the negro or the American Indian, it is as distinctive and as universally present. The Philippino has it, and when a number are congregated it is very perceptible. It is not to be mistaken for the universally present smell of coco oil that the women use on their hair; but it is a distinct body smell, and by no means pleasant. In Nagasaki, in the great bazar and other places where numbers of Japanese gather, an odor almost identical with that in the churches and markets of Manila, was present. Probably because these two people belong to the same race—the Malay.

No doubt the Caucasians have their own odors that as a rule are not discernible by us, but can be distinguished by members of other races. No doubt, also, a few of our own race who have particularly discerning olfactory organs, can distinguish different families of the race. One of my preceptors, the late Dr. Samuel B. Turney, used to declare that if he was taken blindfolded into a crowd, he could without fail tell every German or Irishman he would meet, just by the smell. At that time I did not think it possible, and used to joke the doctor about his alleged ability to distinguish an Irishman from a Dutchman in the dark, and told him it was only the difference between the smell of potatoes and kraut. The doctor always maintained that it was by a distinct racial odor that was always present, and unaltered by other conditions.

The theory that meat-eaters give off a stronger odor than the vegetarian is hardly borne out by the facts. The negro of the south is largely a vegetarian, his diet being made up mostly of cornbread and sweet potatoes, with a little bacon, for the most of them are too poor to buy much of that which is to them a luxury. In summer his diet is reinforced by "roasting-ears" and watermelon. The newspaper talk of his living on yellow-legged chicken and possum is a myth, and a very old joke that dies hard. The negro who lives in the north and who has more of a meat diet, is no stronger in his body smell, if as much so. The Orientals live mostly on rice and fruits, with a little fish, and yet their odor is very perceptible and persistent, in spite of the fact that they are fond of the bath and use it almost to the extreme. That the odor of the European has any-

thing to do with his meat eating propensity, there is nothing whatever to prove. At one time one of my neighbors who was a strict vegetarian (to such an extent did he carry it that he would neither eat eggs nor drink milk) had a stronger body odor than any of the laborers working on his place. He was a refined, educated gentleman, who had traveled widely and read much; he was never without his bath and used it constantly.

Butchers and poultrymen who are supposed to use meat habitually and in large quantities have so far as I have been able to observe no stronger body smell than other men, nor has it been alleged that the employees of the larger packing companies (who live on meat and are surrounded by the odor of flesh, the air they breathe being laden with particles of it, their clothing often being saturated with it) can be distinguished by any stronger elemental scent than their fellow citizens when they are washed up and have their Sunday clothes on; and I doubt if the most sensitive olfactories can tell them from the strictest vegetarians.

The phase of the Odor Humane that is most interesting to us physicians, however, is the characteristic odor given off by different diseases. Many have long been well known, while others are not so well recognized and are doubted as being characteristic. Measels is said to have in some epidemics a decided picked-goose smell. The mousy smell that is occasionally present in typhoid fever, is sometimes said to be found also in the early stages of gastroenteritis. Typhus fever is said to have a strong sickening smell not unlike ozena, but so peculiar is it, that once smelt it is never forgotten. Bad cases of confluent smallpox I have been told have an odor that closely resembles roasted rotten onions, but as I am not acquainted with that smell I do not think that I could identify that disease by my nose alone. The sour disagreeable smell of acute rheumatism I suppose is well known to most of us, and all too well to some. In the days before antiseptics the smell of gangrene was unhappily too well and widely known in every surgical ward the world over, and the kindred smell of pyemia was also too often there too.

Of all the characteristic odors of surgical wards of the older hospitals, that of breaking down carcinoma was the one that along with gangrene brought gloomy looks into the face of the surgeon and sorrow to his heart. This is a branch of clinical study that may well be elaborated with great good to the busy practitioner, as it may be made a great help in diagnosis in doubtful cases when there is no time to wait for the authoritative dictum of microscopic and test tube.

#### Our Wonderful "English."

The following choice morsels have been taken from the editorial pages of three medical journals in the past month. They go to show to what extent the frightful German idiom has been grafted into our "Surgical English," and how medicine has caught the contagion. If this "Surgical English" contagious disease has a family, the San Francisco Board of Health ought to send it a copy of the wonderfully valuable treatise called "Health Hints for the Household," published for the benefit of the "families of contagious, infectious or communicable diseases."

"Called to a **case** whose symptoms portend contagion." Now the dictionary defines "case" as a state, or condition; how can one apply "whose" to such an impersonal thing as a "state"?

"A 100 grm can of ether, by the Witzel method can keep the majority of **cases** under one hour." How can one keep a condition under for one hour—or any other amount of time?

"Not that such **cases** do not become pregnant and bear children." They certainly do seem to, and the children are more monstrous than the parents!